



120 LONG RIDGE RD., STAMFORD, CONN. 06904

EPA Region 5 Records Ctr.



382781

June 9, 1981

REGISTERED MAIL
RETURN RECEIPT REQUESTED

US EPA Region 5
Sites Notification
Chicago, IL 60604

Gentlemen:

In compliance with the provisions of Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, Olin Corporation submits EPA Form 8900-1 for facilities in your Region. A list of said facilities is attached hereto. The name of the Olin individual to be contacted regarding information submitted is identified on each form.

Very truly yours,

A handwritten signature in dark ink, appearing to read "C.L. Knowles, Jr." with a stylized flourish at the end.

C.L. Knowles, Jr.
Director, Environmental &
Energy Affairs

CLK/ji
Enclosures

JUN 12 1981

O L I N C O R P O R A T I O N

ATTACHMENT TO TRANSMITTAL LETTER DATED
JUNE 9, 1981 TO EPA REGION V

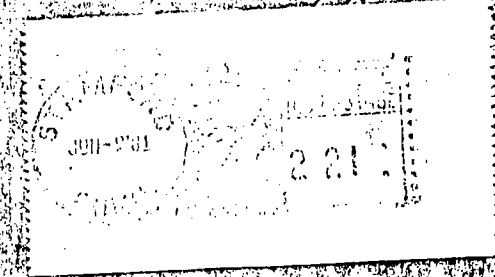
Technical Systems Operation	- Energy Test Site	Marion, IL
"	- Ordill Area 12	"
"	- Ordill D Area	"
"	- Ordill I Area	"
"	- Ordill Ogden	"
Indiana Ordnance Works		Charleston, IN
Ecusta Paper and Film Group	- Olin Works	Covington, IN
Kingsbury Operation		La Porte, IN
Peru Works		Peru, IN
Wabash River Ordnance Works		Newport, IN
East Alton	- Main Plant	St. Louis, MO
Creek Road	- Ashtabula Plant (for Brenkus Excavating Company)	Kingsville, OH
Badger Army Ammunition Plant		Baraboo, WI

JUN 12 1981

CERTIFIED

27142

RETURN RECEIPT
REQUESTED
REQUESTED



C. L. Knowles, Jr

120 LONG RIDGE ROAD, STAMFORD, CONN. 06904

To

US EPA Region 5
Sites Notification
Chicago, IL 60604

FIRST CLASS MAIL

FORM GM-373



Notification c Hazardous Waste Site

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

810609

ID # 340

1LS-000-001-093

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name Olin Corporation
Street 120 Long Ridge Road RD.
City Stamford State CT Zip Code 06904

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site East Alton - Main Plant
Street 427 Shamrock Street ST.
City East Alton County Madison State IL Zip Code 62024

ILD 006271696

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Maxson, L.W. - Director Energy & Env. Services
Phone (618) 258-3033

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1890 To (Year) 1975

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

- 1 ☒ Organics
- 2 ☒ Inorganics
- 3 ☒ Solvents
- 4 ☐ Pesticides
- 5 ☒ Heavy metals
- 6 ☒ Acids
- 7 ☒ Bases
- 8 ☐ PCBs
- 9 ☐ Mixed Municipal Waste
- 10 ☒ Unknown
- 11 ☒ Other (Specify)

General Plant Refuse

Evash

Gun Powder

Source of Waste:

Place an X in the appropriate boxes.

- 1 ☐ Mining
- 2 ☐ Construction
- 3 ☐ Textiles
- 4 ☐ Fertilizer
- 5 ☐ Paper/Printing
- 6 ☐ Leather Tanning
- 7 ☐ Iron/Steel Foundry
- 8 ☐ Chemical, General
- 9 ☐ Plating/Polishing
- 10 ☒ Military/Ammunition
- 11 ☐ Electrical Conductors
- 12 ☐ Transformers
- 13 ☐ Utility Companies
- 14 ☐ Sanitary/Refuse
- 15 ☐ Photofinish
- 16 ☐ Lab/Hospital
- 17 ☐ Unknown
- 18 ☒ Other (Specify)

Brass Mill Activity

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

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JUN 12 1981

Notification of Hazardous Waste Site

Side Two

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☒ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☒ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet Unknown

gallons _____

Total Facility Area

square feet _____

acres 261.5 **A**

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☒ Unknown

☐ Known ☐ Suspected ☐ Likely ☐ None

Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

OLIN CORPORATION, by

Name J. R. Cloninger, V.P. Ammo Operations

Street 427 Shamrock Street

City East Alton State IL Zip Code 62024

Signature J.R. Cloninger

Date 5/20/81

☒ Owner, Present

☐ Owner, Past

☐ Transporter

☐ Operator, Present

☒ Operator, Past

☐ Other

FACILITY ID NUMBER										COMPANY NAME																			
I L D 0 0 6 2 7 1 6 9 6										OLIN CORP																			
COMPANY ADDRESS															CITY					STATE ABBREV.					ZIP CODE				
427 Shamrock St.															EAST ALTON					IL					6 2 0 2 9				
CONTACT PERSON'S NAME/TITLE															TELEPHONE NUMBER (INCLUDE AREA CODE)														
Mike Redington / Chief Energy + ENV. ENG.															6 1 8 - 2 5 8 - 3 0 3 3														

[illegible]